

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3706NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER WESTWAYS STAFFING SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 501 S RANCHO DR STE F-40 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 28383 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 09/17/09, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Fifteen employee records were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 055	<p>449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES</p> <p>2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise his authority in his absence. The administrator's responsibilities include: (a) Keeping the licensee fully informed of the activities of the nursing pool through regularly written reports.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28383 Based on record review and interview, the facility failed to provide documentation that the administrator was keeping the licensee and staff fully informed of the activities of the nursing pool,</p>	P 055		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3706NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER WESTWAYS STAFFING SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 501 S RANCHO DR STE F-40 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 055	Continued From page 1 how qualified personnel were to be hired, and provide orientation and continuing education. Scope - 2 Severity - 1	P 055			
P 072	449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 3. Maintenance of a current record of the health of each member of the staff. This Regulation is not met as evidenced by: Surveyor: 28383 NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees. 3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has no documented history of a 2 -Step Mantoux tuberculin skin test and has not	P 072			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3706NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER WESTWAYS STAFFING SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 501 S RANCHO DR STE F-40 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
P 072	<p>Continued From page 2</p> <p>had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-Step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter.</p> <p>4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know."</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on employee record review and staff interview, the agency failed to provide documentation of pre-employment tuberculin skin testing for employees as required by statute.</p>	P 072			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3706NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER WESTWAYS STAFFING SERVICES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 501 S RANCHO DR STE F-40 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 072	Continued From page 3 The employee record of 1 of 10 staff members lacked documented evidence of a two step (TB) skin test (Employee #7). Scope - 2 Severity - 2	P 072		
PA095	annual evaluation of nursing pool NAC 449.7481 Annual evaluation of nursing pool by licensee. (NRS 449.037 <../NRS/NRS-449.html>) 1. A licensee shall perform an overall evaluation of the nursing pool annually. The purpose of the evaluation is to audit the financial condition of the nursing pool, to review its policies and procedures, to recommend additions or changes to those policies and procedures, and to ensure compliance with those policies and with applicable regulations. 2. A committee shall: (a) Review the medical and personnel policies of the nursing pool to see that they are being fulfilled and that necessary additions or changes are effected; and (b) Submit its report to the licensee, together with any recommendations for changes and any pertinent observations it deems necessary. This Regulation is not met as evidenced by: Surveyor: 28383 Based on document review and staff interview, the agency failed to provide an annual evaluation of the nursing pool as required by statute. 1. The agency lacked documented evidence of an annual evaluation that included an audit of the financial condition, review of policy and procedures and recommendation based on the audit of agency information.	PA095		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3706NSP	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2009
NAME OF PROVIDER OR SUPPLIER WESTWAYS STAFFING SERVICES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 501 S RANCHO DR STE F-40 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
PA095	Continued From page 4 2. The agency lacked a report to reflect an annual evaluation of the agency to submit to the licensee as required by statute. Severity - 1 Scope - 2	PA095			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.